

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT'S

FILING DATE

70468351

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	*	*	*
							IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			51	1					
2	/		/			52	1					
3	/		/			53	1					
4	/		/			54	1					
5	/		/			55	1					
6	5		/			56	1					
7	1		/			57	1					
8	1		/			58	1					
9	1		/			59						
10	1		/			60						
11	/		/			61						
12	/		/			62						
13	/		/			63						
14	/		/			64						
15	/		/			65						
16	/		/			66						
17	2		/			67						
18	/		/			68						
19	/		/			69						
20	2		/			70						
21	/		/			71						
22	/		/			72						
23	/		/			73						
24	/		/			74						
25	2		/			75						
26	1		/			76						
27	1		/			77						
28	/		/			78						
29	/		/			79						
30	3		/			80						
31	1		/			81						
32	1		/			82						
33	1		/			83						
34	1		/			84						
35	1		/			85						
36	4		/			86						
37	1		/			87						
38	/		/			88						
39	/		/			89						
40	/		/			90						
41	2		/			91						
42	/		/			92						
43	/		/			93						
44	/		/			94						
45	2		/			95						
46	2		/			96						
47	1		/			97						
48	1		/			98						
49	1		/			99						
50	1		/			100						
TOTAL IND.			12			TOTAL IND.						
TOTAL DEP.			45			TOTAL DEP.						
TOTAL CLAIMS			51			TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS